

APPLICATION FOR PLAN REVIEW

APPLICANT INFORMATION:

CONTACT DEFCCY		
CONTACT PERSON:		
PHONE:	FAX:	
ADDRESS:		
PROJECT INFORMATION:		
NAME OF PROJECT:		
TYPE OF PROJECT:		
LOCATION OF PROJECT:		
DESIGNER INFORMATION:		
COMPANY NAME:		
ADDRESS:		
PHONE:	FAX:	
OWNER INFORMATION:		
COMPANY NAME:		
ADDRESS:		
PHONE:	FAX:	
CONTACT PERSON:	·	
REVIEW FEE: (enter number of sheets only)		
(Number of sheets) x	(Cost per sheet)	(Total Cost)
	\$200	\$0.00
Signature of Applicant / Date:		1